


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000010896					
1. Entity Name A & G PLANT NURSERY, INC.					
Principal Place of Business		Mailing Address			
16532 HUTCHISON ROAD ODESSA FL 33556-2322		16532 HUTCHISON ROAD ODESSA FL 33556-2322			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1170441</b> <span style="float: right;">Applied For Not Applicable</span>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>VICHOT, ANTONIO JR</b> <b>16528 HUTCHISON ROAD</b> <b>ODESSA FL 33556-2322</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000213554 02/03/05-80075-017 150.00	
NAME	VICHOT, ANTONIO SR		NAME		
STREET ADDRESS	16532 HUTCHISON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556-2322		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICHOT, GLORIA		NAME		
STREET ADDRESS	16532 HUTCHISON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556-2322		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICHOT, DIANA		NAME		
STREET ADDRESS	16528 HUTCHISON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556-2322		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICHOT, ANTONIO JR.		NAME		
STREET ADDRESS	16528 HUTCHISON ROAD		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556-2322		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <i>Diana Vichot</i>			1/31/05 (813)920-1994		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		